

No. W 82052		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. EYE CARE FOR YOU PLLC PHILIP CROMWELL 134 N STATE ST STE A STE A PRESTON ID 83263		PHILIP CROMWELL O.D. 134 N STATE ST STE A STE A PRESTON ID 83263			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	PHILIP CROMWELL	134 N STATE STREET STE. A	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 82052		Signature: Philip Cromwell				Date: 02/08/2018	
		Name (type or print): Philip Cromwell				Title: partner	
Processed 02/08/2018		* Electronically provided signatures are accepted as original signatures.					